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OMB No 1545-1150

Department of the Treasury

Internal Revenue Service

Form **990-EZ** 

CHANGE OF ACCOUNTING PERIOD

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 51(c)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the gend of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

C Name of organization    MalLINGFORD EDUCATION FOUNDATION INC.   September of the Company of t				<u> 2013</u>		and ending JT			2013
Investment return	В	heck if	c Name of organization				D Emp	loyer i	dentification number
Initial return   Number early (or P.O. box, if mail is not delivered to street address)   Room/builet   2 felephone number   PO BOX 2014   Clay or town, state or country, and ZIP + 4   PO BOX 2014   Clay or town, state or country, and ZIP + 4   Force present   PO BOX 2014   Clay or town, state or country, and ZIP + 4   Force present   PO BOX 2014		Addre	ess change WALLINGFORD EDUCATION FOUNDA	ATION :	INC	•			
Terminated   PO BOX 2014   203 949-6532		Name	change C/O GAIL MCCORMACK				8	4-1	637236
Amended ratum WALLINGFORD, CT 06492  6 Accounting Method:   X   Cash   Accrual Other (specify)		Initial	Number and street (or P.O. box, if mail is not delivered to street	address)		Room/suite	E Tele	phone	number
Department entering   Strict Driven, State or Country, and ZiP + 4   September   Number   National Part   N		Termi	nated PO BOX 2014				2	03	949-6532
Suppose service   WALLINGFORD   CT   0.64.92   Number   Wabite:   ► WALLINGFORD   CT   0.64.92   H   Check   ► WALLINGFORDEDUCATIONFOUNDATION.ORG   1   H   Check   T   Wallingforded   1   Wallingfor		Amer	ded return City or town, state or country, and ZIP + 4	· · · · · ·			F Gro	up Exe	mption
According Method:		٦ .					Nur	nber 🕨	·
Website:	G /				-		H Che	ck 🕨	If the organization is not
Tax-exempt status (check only one)			•	N.ORG			req	uired to	attach Schedule B
K Check					49	47(a)(1) or 527	(Fo	rm 990	, 990-EZ, or 990-PF)
SSO,DOD. A Form 990-E2 or Form 990 return is not required though Form 990-N (e-postoard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.  L Add lines 50, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (8) below) are \$500,000 or more, file Form 990-E2  Part I Revenue, Expenses, and Changes in Next Assets or Fund Balances (see the instructions for Part I)  Check if the organization used Schedule 0 to respond to any question in this Part I  Contributions, grifts, grants, and smilar amounts received  1 Contributions, grifts, grants, and smilar amounts received  2 Program service revenue including government fees and contracts  3 Membership dues and assessments  4 Investment income  SEE SCHEDULE 0  4 2,407.  5a Gross amount from sale of assets other than inventory  5b Less: cost or other basis and sales expenses  6 Garing and fundraising events (not including \$  6 Garing and fundraising events (not including \$  7 Government of (ass) from sale of assets other than inventory (Subtract line 5b from line 5a)  6 Garing and fundraising events (not including \$  8 Gross income from fundraising events (not including \$  9 Gross income from fundraising events (not including \$  10 Gross income from gaming and fundraising events  6 Garing and fundraising events (add lines 6a and 6b and subtract line 6c)  7 Gross sales of inventory, less returns and allowances  9 Less: cost of goods sold as confirmation for such a confirmation formation for such a confirmation for such a									
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L Add lines \$5, 60, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (8) below) are \$500,000 or more, file Form 990 msead of Form 990-EZ    Part I   Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)   The control of the first of the part				- p	,	(	<b>,</b>		•
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9 Total revenue Add lines 1, 2, 3, 4, 5, 6d, 7c, and 3014 C				-/					
Grants and similar amounts and (list in Schedule 0)  Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule 0)  17 Total expenses Add lines 10 through 16  Excess or (deficit) for the year (Subtract line 17 from line 9)  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule 0)  Net assets or fund balances at end of year. Combine lines 18 through 20  SEE SCHEDULE O  10 21,860.  11  12  12  13  14  15  4,005.  16  408.  17  26,273.  18  19,886.							•		46,159.
11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule 0)  17 Total expenses Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule 0)  Net assets or fund balances at end of year. Combine lines 18 through 20  SEE SCHEDULE O  21 230,308.		<del></del>	Total revenue Add mids 1, 2, 0, 4, 99, 40, 70, did bill by 11 is	SE	E S	CHEDULE O			
Salaries, other compensation, and employee benefits  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 18 through 20  12 Salaries, other compensation, and employee benefits  13			Renefits naid to or for members		- ~	···			
13   Professional fees and other payments to independent contractors   14   Occupancy, rent, utilities, and maintenance   15   Printing, publications, postage, and shipping   15   4,005.   16   Other expenses (describe in Schedule O)   16   408.   17   Total expenses Add lines 10 through 16   17   26,273.   18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   19,886.   19   Net assets or fund balances at beginning of year (from line 27, column (A))   (must agree with end-of-year figure reported on prior year's return)   19   205,371.   200   Other changes in net assets or fund balances (explain in Schedule O)   SEE SCHEDULE O   20   5,051.   230,308.   200   E7 (2000)	<b>"</b>		Salaries other compensation and among liberatity						
16 Other expenses (describe in Schedule O) 17 Total expenses Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20  SEE SCHEDULE O  16 408.  17 26,273.  18 19,886.	Šė		Protectional fore and other nauments to independent contractors						
16 Other expenses (describe in Schedule O) 17 Total expenses Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20  SEE SCHEDULE O  16 408.  17 26,273.  18 19,886.	ben		• -						
16 Other expenses (describe in Schedule 0) 17 Total expenses Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20  SEE SCHEDULE O  16 408.  17 26,273.  18 19,886.	X								4,005.
Total expenses Add lines 10 through 16  17 Total expenses Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule 0)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  22 230,308.		ı		SE.	e s	CHEDIILE O			
18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule 0)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  18 19,886.  19 205,371.  20 5,051.		1	·	Ų.		CHIDOTH C			
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20  SEE SCHEDULE O 20 5,051. 21 230,308.		<del></del>							
21 Net assets or fund balances at end of year. Combine lines 18 through 20   21   230, 308.	şţ	1	•	11				"	22,0001
21 Net assets or fund balances at end of year. Combine lines 18 through 20   21   230, 308.	<b>SS</b> (	19		"				10	205.371.
21 Net assets or fund balances at end of year. Combine lines 18 through 20   21   230, 308.	et A	20		Q F	R 9	CHEDIII.E O			
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	1111	<u>.                                      </u>						<u></u>	

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Pa	ırt II	Balance Sheets (see the instructions for Part II)					
		Check if the organization used Schedule O to res	spond to any que	stion in this Part I			X
				(A) Beginning of year		(B) E	nd of year
22	Cash.	, savings, and investments		27,702	. 22	T	49,184.
23	•	and buildings	ļ		23		
24		assets (describe in Schedule O) SEE SCHEDULE C	, t	177,669	. 24		181,124.
25		assets	ĺ	205,371		1	230,308.
26		liabilities (describe in Schedule 0)	ŀ		. 26		0.
27		ssets or fund balances (line 27 of column (B) must agree with line 21)	-	205,371			230,308.
	net a	Statement of Program Service Accomplishme	nts (see the instri				
		Check if the organization used Schedule O to res	•				(penses for section
Mho	t in the		·	SHOTTIT HIST ALL I	بميا		and 501(c)(4)
vviia	it is the c	organization's primary exempt purpose? SEE SCHEDULE C	)				ons and section ) trusts; optional
		irganization's program service accomplishments for each of its three largest program tibe the services provided, the number of persons benefited, and other relevant inform		penses in a clear and concise		for others.	
			Tallott for out program the			<del>                                     </del>	<u> </u>
28	<u> F</u> DÛ(	CATIONAL GRANTS					
			·				
		10.000					
	(Grants	s \$ 12,860.) If this amount includes foreign of	grants, check here		لــــا	28a	
29							
			· · · · · · · · · · · · · · · · · · ·				
					<del></del> -		
	(Grants	s \$ ) If this amount includes foreign of	grants, check here	<u></u>		29a	
30			··				
			<del></del>				
			<u> </u>				
	(Grants	s \$ ) If this amount includes foreign	grants, check here		لبيل	30a	
31	Other p	program services (describe in Schedule O)					
	(Grants	s \$ ) If this amount includes foreign of	grants, check here			31a	
32	Total p	program service expenses (add lines 28a through 31a)				32	0.
Pa	rt IV	List of Officers, Directors, Trustees, and Key E	mployees List each	one even if not compensated	(see the	instructions f	
	_	Check if the organization used Schedule O to res	spond to any que	stion in this Part I	<u>/</u>		X
		· — · — · ·	(b) Average hours	(C) Reportable		alth benefits,	(e) Estimated
							(e) Lamateu
		(a) Name and title	per week devoted t	0 compensation (Forms W-2/1099-MISC)	empl	ributions to oyee benefit	amount of other
		(a) Name and title	per week devoted to position	O compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	empl plans,		• •
$\overline{\mathtt{DA}}$	VID		1 '	W-2/1099-MISC)	empl plans,	oyee benefit and deferred	amount of other
		BAKER	position	W-2/1099-MISC) (If not paid, enter -0-)	empl plans,	oyee benefit and deferred apensation	amount of other compensation
AD	VIS	BAKER OR	1 '	W-2/1099-MISC)	empl plans,	oyee benefit and deferred	amount of other
AD HE	VISO NRY	BAKER OR BAUM	position 10.00	W-2/1099-MISC) (If not paid, enter -0-)	empl plans, con	oyee benefit and deferred appensation	amount of other compensation
AD HE DI	VISO NRY REC	BAKER OR BAUM FOR/TREASURER	position	W-2/1099-MISC) (If not paid, enter -0-)	empl plans, con	oyee benefit and deferred apensation	amount of other compensation
AD HE DI CI	VISO NRY REC' NDY	BAKER OR BAUM FOR/TREASURER RUSSO	10.00 5.00	W-2/1099-MISC) (If not paid, enter -0-)	empl plans, con	oyee benefit and deferred appensation  0.	amount of other compensation  0.
AD HE DI CI DI	VISO NRY REC' NDY REC'	BAKER OR BAUM FOR/TREASURER RUSSO FOR	position 10.00	W-2/1099-MISC) (If not paid, enter -0-)	empl plans, con	oyee benefit and deferred appensation	amount of other compensation  0.
AD HE DI CI DI ST	VISONRY REC' NDY REC' EPHI	BAKER OR BAUM FOR/TREASURER RUSSO FOR EN HOAG	10.00 5.00 5.00	0	empl plans, con	oyee benefit and deferred and deferred pensation  0.	amount of other compensation  0.  0.
AD HE DI CI DI ST	VISONRY RECTOR R	BAKER OR BAUM FOR/TREASURER RUSSO FOR EN HOAG	10.00 5.00	W-2/1099-MISC) (If not paid, enter -0-)	empl plans, con	oyee benefit and deferred appensation  0.	amount of other compensation  0.  0.
AD HE DI CI DI ST DI	VISONRY RECTOR RECTOR EPHIRECTOR NDA	BAKER OR BAUM FOR/TREASURER RUSSO FOR EN HOAG FOR HOFBAUER	10.00 5.00 5.00	W-2/1099-MISC) (If not paid, enter -0-)  0.  0.	empl plans, con	oyee benefit and deferred pensation  0.  0.	amount of other compensation  0.  0.  0.
AD HE DI CI DI ST DI LI AD	VISONRY RECTOR NDY RECTOR EPHI RECTOR NDA VISO	BAKER OR BAUM FOR/TREASURER RUSSO FOR EN HOAG FOR HOFBAUER	10.00 5.00 5.00	0	empl plans, con	oyee benefit and deferred and deferred pensation  0.	amount of other compensation  0.  0.  0.
AD HE DI CI DI ST DI LI AD CA	VISONRY RECTONDY RECTONDA RECTONDA VISOR	BAKER OR BAUM TOR/TREASURER RUSSO FOR EN HOAG FOR HOFBAUER OR	10.00 5.00 5.00 5.00	0	empl plans, con	oyee benefit and deferred and deferred pensation  0.  0.  0.	amount of other compensation  0.  0.  0.  0.
AD HE DI CI DI ST DI LI AD CA	VISONRY RECTONDY RECTONDA RECTONDA VISORIES RECTON	BAKER OR BAUM TOR/TREASURER RUSSO TOR EN HOAG TOR HOFBAUER OR SA NEUBIG	10.00 5.00 5.00	W-2/1099-MISC) (If not paid, enter -0-)  0.  0.	empl plans, con	oyee benefit and deferred pensation  0.  0.	amount of other compensation  O.  O.  O.
AD HE DI CI DI ST DI LI AD CA MA	VISONRY REC' NDY REC' EPHI REC' NDA VISO RISO REC' RGAI	BAKER OR BAUM FOR/TREASURER RUSSO FOR EN HOAG FOR HOFBAUER OR SA NEUBIG FOR RET STEEVES	5.00 5.00 5.00 5.00	0	empl plans, con	oyee benefit and deferred and deferred and deferred opensation    0.	amount of other compensation  0.  0.  0.  0.  0.
AD HE DI CI DI ST DI LI AD DI MA	VISONRY REC'NDY REC'NDA VISORISS REC'NDA REC'NDA REC'NDA REC'NDA	BAKER OR BAUM FOR/TREASURER RUSSO FOR EN HOAG FOR HOFBAUER OR SA NEUBIG FOR RET STEEVES	10.00 5.00 5.00 5.00	0	empl plans, con	oyee benefit and deferred and deferred pensation  0.  0.  0.	amount of other compensation  0.  0.  0.  0.  0.
AD HE DI CI DI ST DI AD CA DI MA	VISONRY REC' NDY REC' REC' NDA VISO REC' REC' REC' REC' REC' REC' REC' REC'	BAKER OR BAUM FOR/TREASURER RUSSO FOR EN HOAG FOR HOFBAUER OR SA NEUBIG FOR RET STEEVES FOR MIKULSKI	5.00 5.00 5.00 5.00 5.00	0	emple	oyee benefit and deferred pensation  O.  O.  O.  O.	amount of other compensation  O.  O.  O.  O.  O.
AD HE DI CI DI ST DI AD CA DI CA DI CA DI	VISONRY REC' NDY REC' EPHI REC' NDA VISO REC' RGAI REC' ROL REC'	BAKER OR BAUM FOR/TREASURER RUSSO FOR EN HOAG FOR HOFBAUER OR SA NEUBIG FOR RET STEEVES FOR MIKULSKI FOR/VICE CHAIR	5.00 5.00 5.00 5.00	0	emple	oyee benefit and deferred and deferred and deferred opensation    0.	amount of other compensation  O.  O.  O.  O.  O.
AD HE DI CI DI ST DI LI AD CA DI MA DI CA DI JO	VISC NRY REC' NDY REC' EPHI REC' NDA VISC REC' RGAI REC' RCL REC' N-PA	BAKER OR BAUM TOR/TREASURER RUSSO FOR EN HOAG FOR HOFBAUER OR SA NEUBIG FOR RET STEEVES FOR MIKULSKI FOR/VICE CHAIR AUL VENOIT	5.00 5.00 5.00 5.00 5.00 5.00	0	emple	oyee benefit and deferred and deferred pensation  O.  O.  O.  O.  O.	amount of other compensation  O.  O.  O.  O.  O.  O.
ADI CADI JOO DI	VISC NRY REC' NDY REC' EPHI REC' NDA VISC REC' RGAI REC' ROL REC' N-PA REC'	BAKER OR BAUM TOR/TREASURER RUSSO FOR EN HOAG FOR HOFBAUER OR SA NEUBIG FOR RET STEEVES FOR MIKULSKI FOR/VICE CHAIR AUL VENOIT FOR/PRESIDENT	5.00 5.00 5.00 5.00 5.00	0	emple	oyee benefit and deferred pensation  O.  O.  O.  O.	amount of other compensation  O.  O.  O.  O.  O.  O.
ADI CADI JOO DI	VISC NRY REC' NDY REC' EPHI REC' NDA VISC REC' RGAI REC' ROL REC' N-PA REC'	BAKER OR BAUM TOR/TREASURER RUSSO FOR EN HOAG FOR HOFBAUER OR SA NEUBIG FOR RET STEEVES FOR MIKULSKI FOR/VICE CHAIR AUL VENOIT	5.00 5.00 5.00 5.00 5.00 5.00 10.00	0	emple	oyee benefit and deferred and deferred and deferred and deferred opensation    0.     0.	amount of other compensation  O.  O.  O.  O.  O.  O.  O.
AD HE DI CI DI ST DI LI AD CA DI MA DI CA DI DI PA	VISC NRY REC' NDY REC' EPHI REC' NDA VISC REC' RGAI REC' ROL REC' N-PA REC'	BAKER OR BAUM FOR/TREASURER RUSSO FOR EN HOAG FOR HOFBAUER OR SA NEUBIG FOR RET STEEVES FOR MIKULSKI FOR/VICE CHAIR AUL VENOIT FOR/PRESIDENT SUTERA	5.00 5.00 5.00 5.00 5.00 5.00	0	emple	oyee benefit and deferred and deferred pensation  O.  O.  O.  O.  O.	amount of other compensation  O.  O.  O.  O.  O.  O.  O.
ADI CI DI ST DI LI ADD CA DI DI PA DI	VISC NRY REC' REC' EPHI REC' NDA VISC REC' RGAI REC' ROL REC' REC' UL S REC' REC' REC' REC' REC' REC' REC' REC'	BAKER OR BAUM FOR/TREASURER RUSSO FOR EN HOAG FOR HOFBAUER OR SA NEUBIG FOR RET STEEVES FOR MIKULSKI FOR/VICE CHAIR AUL VENOIT FOR/PRESIDENT SUTERA	5.00 5.00 5.00 5.00 5.00 5.00 10.00	0	emple	oyee benefit and deferred and deferred and deferred and deferred opensation    0.     0.	amount of other compensation  O.  O.  O.  O.  O.  O.  O.
AD HE DI CI ST DI AD CA DI CA DI DI DI SA DI SA	VISONRY REC' NDY REC' REC' RCA REC' RCA REC' RCA REC' REC' REC' REC' REC' REC' REC' REC'	BAKER OR BAUM FOR/TREASURER RUSSO FOR EN HOAG FOR HOFBAUER OR SA NEUBIG FOR RET STEEVES FOR MIKULSKI FOR/VICE CHAIR AUL VENOIT FOR/PRESIDENT SUTERA FOR	5.00 5.00 5.00 5.00 5.00 5.00 10.00	0	emplans,	oyee benefit and deferred and deferred and deferred and deferred opensation    0.     0.	amount of other compensation  O.  O.  O.  O.  O.  O.  O.  O.  O.  O
AD HE DI CI DI ST DI AD CA DI MA DI OI SA EX	VISC NRY REC' NDY REC' EPHI REC' NDA VISC REC' REC' REC' REC' REC' REC' LVA' OFI	BAKER OR BAUM FOR/TREASURER RUSSO FOR EN HOAG FOR HOFBAUER OR SA NEUBIG FOR RET STEEVES FOR MIKULSKI FOR/VICE CHAIR AUL VENOIT FOR/PRESIDENT SUTERA FOR FORE MENZO PHD FICIO DIRECTOR	5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00	0	emplans,	oyee benefit and deferred and deferred opensation    0.    0.     0.	amount of other compensation  O.  O.  O.  O.  O.  O.  O.  O.  O.  O
ADI CA DI CA	VISC NRY REC' NDY REC' EPHI REC' NDA VISC REC' REC' REC' REC' REC' REC' LVA' OFI	BAKER OR BAUM TOR/TREASURER RUSSO FOR EN HOAG FOR HOFBAUER OR SA NEUBIG FOR RET STEEVES FOR MIKULSKI FOR/VICE CHAIR AUL VENOIT FOR/PRESIDENT SUTERA FOR	5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00	0	emplans, cor	oyee benefit and deferred and deferred opensation    0.    0.     0.	amount of other compensation  O.  O.  O.  O.  O.  O.  O.  O.  O.  O

Page 3

	instructions for Part V) Check if the organization used Sch. O to respond to any question in the	s Pai	tν	X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule O	33		х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported	,		
	on lines 2, 6a, and 7a, among others)?	35a		х
h	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax	000	_1,	_
٠	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	000		- 23
30		36		X
27.	complete applicable parts of Schedule N  Enter amount of political expenditures, direct or indirect, as described in the instructions    37a   0.	30		
		22.		v
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			37
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		<u> </u>
	If "Yes," complete Schedule L, Part II and enter the total amount involved  38b N/A			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9  39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities  39b N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► 0 . ; section 4912 ► 0 .			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	40b		<u> </u>
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization D.			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	1		
	transaction? If "Yes," complete Form 8886-T	40e		_X_
41	List the states with which a copy of this return is filed $ ightharpoonup CT$			
42 a	The organization's books are in care of ► HANK BAUM  Telephone no. ► 203 45	8-5	417	
	Located at ► 44 PIERSON DRIVE, WALLINGFORD, CT ZIP+4 ► C	649	2	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
Ĵ	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		•	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
442	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
•••	Form 990-EZ	44a		x
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	<u> </u>		
J	of Form 990-EZ	44b		x
_		44c		X
	Did the organization receive any payments for indoor tanning services during the year?	770	<del>                                     </del>	
a	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	1444		
	in Schedule O	44d		v
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<u> X</u>
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	4		
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	00.55	(0040)
0201		Form 9	an-F7	(2012)

. WALLINGFORD EDUCATION FOU	NDATTON INC.					
orm 990-EZ (2012) C/O GAIL MCCORMACK			84-1637	236	<u>'—</u>	age ·
Did the organization engage, directly or indirectly, in political campaign activities	on habelf of ar in apposition	on to condidates for a	ublio office?		Yes	No
If "Yes," complete Schedule C, Part I	s on benan of or in opposition	on to candidates for pr	ublic officer	46		х
Part VI Section 501(c)(3) organizations only			<del></del> _		,	
All section 501(c)(3) organizations must answer questions 47-	19b and 52, and complet	te the tables for line	es 50 and 51			
Check if the organization used Schedule O to respond to any	question in this Part VI			_	150	<u>Ļ</u>
Did the even exercise access in labelium and with a section FO4/by de-			a Cab C Dort II	47	Yes	NO X
Did the organization engage in lobbying activities or have a section 501(h) elect Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," co		ear it ves, complet	e Sch. C, Part II	47	+	X
Did the organization make any transfers to an exempt non-charitable related org				49a		X
b If "Yes," was the related organization a section 527 organization?	,			49b		
Complete this table for the organization's five highest compensated employees	(other than officers, director	rs, trustees and key er	mployees) who e	each re	ceived i	more
than \$100,000 of compensation from the organization. If there is none, enter "N		T	T. 0	<del></del>		
(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to	(C) Reportable compensation (Forms	(d) Health benefit contributions to	۔ ا	e) Estim lount of	
NONE	position	W-2/1099-MISC)	employee benefit plans, and deferred compensation	• .	ompens	
HONE			Compensation			
			<u> </u>		<del></del>	
	<u>.</u>	<del></del>				
			-			
				- 1		
Complete this table for the organization's five highest compensated independen	t contractors who each rece	eived more than \$100	,000 of compens	sation	from the	-
Complete this table for the organization's five highest compensated independen organization. If there is none, enter "None." <b>NONE</b>		erved more than \$100, of service	<del></del> -		from the	
Complete this table for the organization's five highest compensated independen organization. If there is none, enter "None." <b>NONE</b>			<del></del> -			
Complete this table for the organization's five highest compensated independen organization. If there is none, enter "None." <b>NONE</b>			<del></del> -			
Complete this table for the organization's five highest compensated independen organization. If there is none, enter "None." <b>NONE</b>			<del></del> -			
Complete this table for the organization's five highest compensated independen organization. If there is none, enter "None." <b>NONE</b>			<del></del> -			
Complete this table for the organization's five highest compensated independent organization. If there is none, enter "None."  NONE  (a) Name and address of each independent contractor paid more than \$100,000  d Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organization complete Schedule A?	(b) Type	of service  Lempt	(c)	Comp	ensatio	1
Complete this table for the organization's five highest compensated independent organization. If there is none, enter "None."  NONE  (a) Name and address of each independent contractor paid more than \$100,000  d Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organization complete Schedule A?	(b) Type	of service  Lempt	(c)	Comp	ensatio	1
Complete this table for the organization's five highest compensated independent organization. If there is none, enter "None." NONE  (a) Name and address of each independent contractor paid more than \$100,000  d Total number of other independent contractors each receiving over \$100,000	(b) Type	of service  Lempt	(c)	Comp	ensatio	1
Complete this table for the organization's five highest compensated independent organization. If there is none, enter "None."  NONE  (a) Name and address of each independent contractor paid more than \$100,000  Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organization that the complete schedule A completed Schedule A der penalties of perjury. I declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	(b) Type	of service  Lempt	(c)	Comp	ensatio	1
Complete this table for the organization's five highest compensated independent organization. If there is none, enter "None."  NONE  A) Name and address of each independent contractor paid more than \$100,000  Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organization that the trusts must attach a completed Schedule A der penalties of perjury. I declars that I have examined this return, including accompanying schedularation of preparer (other than officer) is based on all information of which preparer has any know spin.	(b) Type	of service  Lempt	d belief, it is true, co	Comp	ensatio	1
Complete this table for the organization's five highest compensated independent organization. If there is none, enter "None."  NONE  (a) Name and address of each independent contractor paid more than \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organization complete trusts must attach a completed Schedule A der penalties of perjury, I declare that I have examined this return, including accompanying schedularation of preparer (other than officer) is based on all information of which preparer has any known of preparer (other than officer) is based on all information of which preparer has any known of preparer (other than officer) is based on all information of which preparer has any known or preparer (other than officer) is based on all information of which preparer has any known or preparer (other than officer) is based on all information of which preparer has any known or preparer to officer.  Print/Type preparer's name Preparer's signature	(b) Type	of service  Lempt	d belief, it is true, co	Comp	ensatio	1
Complete this table for the organization's five highest compensated independent organization. If there is none, enter "None."  NONE  (a) Name and address of each independent contractor paid more than \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organization charitable trusts must attach a completed Schedule A der penalties of perjury. I declare that I have examined this return, including accompanying sched claration of preparer (other-than officer) is based on all information of which preparer has any known signature of officer  JON PAUL VENOIT, PRESIDENT  Type or print name and title  Print/Type preparer's name  Preparer's signature	tions and 4947(a)(1) nonexules and statements, and to the teledge	cempt  Check self- emplo	d belief, it is true, co	X Y	ensation	1
Complete this table for the organization's five highest compensated independent organization. If there is none, enter "None."  NONE  (a) Name and address of each independent contractor paid more than \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organization complete Schedule A? Note: All section 501(c)(3) organization complete is completed Schedule A der penalties of perjury. I declare that I have examined this return, including accompanying sched claration of preparer (other-than officer) is based on all information of which preparer has any known sign ere  JON PAUL VENOIT, PRESIDENT  Type or print name and title  Print/Type preparer's name  Preparer's signature	tions and 4947(a)(1) nonexules and statements, and to the toledge	cempt  Check self- emplo	d belief, it is true, or Date    Jif   PTIN   PO 0	X y	ensation	1
Complete this table for the organization's five highest compensated independent organization. If there is none, enter "None."  NONE    None	tions and 4947(a)(1) nonexules and statements, and to the blacked	cempt  Check self- emplo	d belief, it is true, co	X Y Prirect, 2	ensation	N Nete
Complete this table for the organization's five highest compensated independent organization. If there is none, enter "None."  A) Name and address of each independent contractor paid more than \$100,000  A) Name and address of each independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organization propared (other than officer) is based on all information of which preparer has any known are  Completed to the complete of the completed schedule A completed schedul	tions and 4947(a)(1) nonexules and statements, and to the blacked	Check self- emplo	d belief, it is true, co	X Y Prirect, 2	ensation	N Nete

#### **SCHEDULE A**

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Open to Public Inspection

Name of t	the organizat		FORD EDUCATI	ON FO	UNDAT	ION I	NC.	E	-	identificati		
Dort I	Dooroo	C/O GAI	L MCCORMACK		<del></del>				8	<u>4-1637</u>	<u> 236</u>	
Part I			ity Status (All organiz					ructions				
			because it is: (For lines	-		-						
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3 🖳	A hospital or	a cooperative hospi	tal service organization	described	n section	170(b)(1)	(A)(iii).					
4 📖	A medical res	search organization o	operated in conjunction	with a hos	pıtal desci	ribed in se	ction 170	(b)(1)(A)(i	ii). Enter	the hospital	s nam	ie,
	city, and stat											
5	-	•	benefit of a college or ui	niversity ov	vned or op	erated by	a governr	mental un	ıt describ	ed in		
		(b)(1)(A)(iv). (Comple										
6		_	ent or governmental uni									
7 X	-		eives a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	general	public desci	ribed i	n
_ ()	`	<b>b)(1)(A)(vi).</b> (Comple	•									
8			ection 170(b)(1)(A)(vi).						_			_
9 🖳	_		eives: (1) more than 33									
			nctions - subject to certa									
			axable income (less sect	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	anization	after June 3	0, 197	5
40 [		509(a)(2). (Complete	•	-4.6			- 500(-)(					
10			perated exclusively to te								f	
11 📖			perated exclusively for the									or
		=	ations described in secti				) See sec	ะแอก อบอ	(a)(3). On	eck the box	ırıaı	
	a Type	· · · ·	organization and compl	ype III - Fu			_	ı 🗀 Tvr	a III - No	n-functionall	v inter	hater
e 🗀	• •	-	t the organization is not									•
e			han one or more publicly									
f			ten determination from						σ(α)(1) σ.	00011011 000	(-,,-,.	
•		rganization, check th				P, -, P-	, , , , ,					
g		*	organization accepted ai	nv aift or c	ontribution	from anv	of the follo	owina per	sons?			
3	_		rectly controls, either al								Yes	No
			upported organization?	<b>J</b>		•		` ,	. ,	11g(i)		
	-		n described in (i) above?	•						11g(ii)		
			person described in (i)		∍?					11g(iii)		
h			about the supported or								_	
		•	•	_								
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	rganization	(v) Did you	notify the	(vi) l organizati	s the	(vii) Amount	of mo	netarv
	anization	(, 2	(described on lines 1-9	in col. (i) lis				I(i) organi	zed in the j		port	•
			above or IRC section (see instructions))	governing	document?	(i) of your	support?	V. U.S	5.7			
	· <del></del>		(see instructions))	Yes	No	Yes	No	Yes	No			
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Total_				<u></u>								

Schedule A (Form 990 or 990-EZ) 2012

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2012 C/O GAIL MCCORMACK

84-1637236 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants ") 13,975 7,650 39,060. 4,200. 6,500. 6,735. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 13,975. 6,735. 7,650. 39,060. 4,200. 6,500. 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 39,060. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (c) 2010 (e) 2012 (f) Total Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (d) 2011 7,650. 13,975. 6,735 39,060. 7 Amounts from line 4 4,200. 6,500. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 30. 28. 4,716. 2,407. 7,216. 35. and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital 100 assets (Explain in Part IV) 46,376. 11 Total support. Add lines 7 through 10 171,826. 12 12 Gross receipts from related activities, etc. (see instructions) 13 First five years, If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 84.22 14 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 88.84 15 Public support percentage from 2011 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and  $\triangleright \boxed{\mathbf{X}}$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Schedule A (Form 990 or 990-EZ) 2012

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II if the organization fails to qualify under the tests listed below, please complete Part II.)

Section A Public Support

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🖊	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Gifts, grants, contributions, and						
membership fees received (Do not					}	
ınclude any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						İ
iness under section 513		,				
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities	······································	·				
furnished by a governmental unit to the organization without charge						
•	<del></del>		<u> </u>	<del>                                     </del>		
6 Total. Add lines 1 through 5		-	<del> </del>	<del> </del>	<del> </del>	
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b					<u></u>	
8 Public support (Subtract line 7c from line 6)			<u> </u>	J		
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Amounts from line 6  10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975					<u> </u>	
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV)  13 Total support. (Add lines 9, 10c, 11, and 12)					<del></del>	
<del>_</del>	the ergenization	a first second the	rd fourth or fifth i	tay year as a sect	ion 501(c)(3) organia	zation
14 First five years. If the Form 990 is for	the organization	s first, second, trii	ra, lourer, or men	lax year as a sect	ion 50 r(c)(5) organiz	ation,
check this box and stop here Section C. Computation of Publi	c Support De	rcontage		<del></del>		
· · · · · · · · · · · · · · · · · · ·			l (6)		14-	%
15 Public support percentage for 2012 (li			column (i))		15	%
16 Public support percentage from 2011					16	
Section D. Computation of Inves					147	
17 Investment income percentage for 20			ne 13, column (t))		17	
18 Investment income percentage from 2					18	9/
19a 33 1/3% support tests - 2012. If the						i / is not ⊾ ┌──
more than 33 1/3%, check this box ar	-					لـــا ❤
b 33 1/3% support tests - 2011. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see i	nstructions	<b>&gt;</b> \

232023 12-04-12

Schedule A (Form 990 or 990-EZ) 2012

# WALLINGFORD EDUCATION FOUNDATION INC. Schedule A (Form 990 or 990-EZ) 2012 C/O GAIL MCCORMACK 84-1637236 Page 4 Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information (See instructions). THE BOARD OF DIRECTORS HAS AGREED TO CHANGE THE ORGANIZATIONS REPORTING YEAR-END FROM A CALANDER YEAR TO A FISCAL YEAR ENDING ON JUNE 30. THIS TAX RETURN REFLECTS A SHORT PERIOD BEGINNING ON JANUARY 1, 2013 AND ENDING ON JUNE 30, 2013.

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

Open To Public Inspection

**Employer identification number** 

Name of the organization

WALLINGFORD EDUCATION FOUNDATION INC.

C/O GAI	L MCCORMACK				<u>  84-1637</u>	<u> </u>
	Complete if the organization answer	ered "Y	es" to	Form 990, Part IV, I	ne 17. Form 990-EZ	filers are not
<ul> <li>1 Indicate whether the organization rais a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, Person bif "Yes," list the ten highest paid indicompensated at least \$5,000 by the</li> </ul>	e Solicita f Solicita g X Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-g gover using ding o lonal f	overnment grants inment grants events fficers, directors, trus fundraising services?	stees or Yes	<del></del>
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
					<u> </u>	
		_				
		_	_			
			-			
						-
otal			<b>&gt;</b>			
3 List all states in which the organizatio or licensing.	in is registered or licensed to solicit	contrib	utions	s or has been notified	it is exempt from re	egistration
		_		·		
				<del></del>	<del></del>	
				<del></del>		

Schedule G (Form 990 or 990-EZ) 2012

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

#### WALLINGFORD EDUCATION FOUNDATION INC.

Schedule G (Form 990 or 990-EZ) 2012 C/O GAIL MCCORMACK 84-1637236 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events DISTINGUISHEPLANETARIUM (add col. (a) through ALUMNI AWALEARNING DOM col. (c)) (event type) (event type) (total number) 11,715. 25,735. 4,650. 42,100. 1 Gross receipts 2 Less. Contributions 11,715. 25,735. 4,650. 42,100. 3 Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses 4,540. 4,540. Rent/facility costs 7 Food and beverages 8 Entertainment 562. 645. 225 1,432. 9 Other direct expenses 5,9721 10 Direct expense summary Add lines 4 through 9 in column (d) 36,128. 11 Net income summary Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue col. (a) through col. (c)) bingo/progressive bingo Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs 5 Other direct expenses % Yes Yes Yes 6 Volunteer labor No No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: Yes No a is the organization licensed to operate gaming activities in each of these states? b If "No," explain. 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? \_\_ Yes b if "Yes," explain. Schedule G (Form 990 or 990-EZ) 2012 232082 01-07-13

## WALLINGFORD EDUCATION FOUNDATION INC. 84-1637236 Schedule G (Form 990 or 990-EZ) 2012 C/O GAIL MCCORMACK 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? 13 Indicate the percentage of gaming activity operated in. a The organization's facility 13a b An outside facility 13b 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records Address > Yes No 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party > \$ c If "Yes," enter name and address of the third party. Gaming manager information. Gaming manager compensation ▶ \$ \_\_\_\_\_ Description of services provided Employee \_\_\_ Director/officer \_\_\_\_ Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to Yes retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, Part IV lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

Schedule G (Form 990 or 990-EZ) 2012

#### **SCHEDULE 0**

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

WALLINGFORD EDUCATION FOUNDATION INC. C/O GAIL MCCORMACK

Employer identification number 84-1637236

C/O GRIL MCCORMACK 84	-103/230
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	<del></del>
DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST	3.
PASSIVE INTEREST/ DIVIDENDS/CAP GAINS	2,404.
TOTAL INCLUDED ON FORM 990-EZ, LINE 4	2,407.
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	
ACTIVITY CLASSIFICATION: EDUCATIONAL PROJECTS	
GRANTEE NAME: WALLINGFORD PUBLIC SCHOOLS	
GRANTEE ADDRESS: 142 HOPE HILL ROAD WALLINGFORD, CT 06492	
GRANTEE RELATIONSHIP: GRANTEE	
PROPERTY DESCRIPTION: CASH	
DATE OF GIFT: 06/21/13	
AMOUNT GIVEN:	12,860.
ACTIVITY CLASSIFICATION: EDUCATIONAL PROJECTS	
GRANTEE RELATIONSHIP: GRANTEE	
PROPERTY DESCRIPTION: CASH	
DATE OF GIFT: 06/21/13	
AMOUNT GIVEN:	9,000.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10	21,860.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
OFFICE SUPPLIES & BANK CHARGES  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (F	113. Form 990 or 990-EZ) (2012)

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

WALLINGFORD EDUCATION FOUNDATION INC.

Employer identification number 8.4 – 1.63.723.6

Name of the organization	WALLINGFORD EDUCATION FOUNDATION  C/O GAIL MCCORMACK	1	er identification number 1637236
MEMBERSHIP DUES	S		175.
WEBSITE COSTS			120.
TOTAL TO FORM	990-EZ, LINE 16	<u> </u>	408.
	ART I, LINE 20, CHANGES IN NET AS		
CHANGES IN NET	ASSETS OR FUND BALANCES:		AMOUNT:
UNREALIZED GAIN	NS/LOSSES		5,051.
FORM 990-EZ, PA	ART II, LINE 24, OTHER ASSETS:		
DESCRIPTION	<u></u>	BEG. OF YEAR	END OF YEAR
INVESTMENT-GIOR	RDANO TRUST	174,669.	178,124.
PLEDGES RECEIVE	ABLE	3,000.	3,000.
TOTAL TO FORM	990-EZ, LINE 24	177,669.	181,124.
FORM 990-EZ, PA	ART III, PRIMARY EXEMPT PURPOSE -	TO FUND EDUCAT	IONAL
PROJECTS, TECHI	NOLOGIES & INITIATIVES		
FORM 990-EZ, PA	ART V, INFORMATION REGARDING PERS	ONAL BENEFIT CO	NTRACTS:
	ON DID NOT, DURING THE YEAR, RECE		
OR INDIRECTLY,	TO PAY PREMIUMS ON A PERSONAL BE	NEFIT CONTRACT.	
THE ORGANIZATION	ON, DID NOT, DURING THE YEAR, PAY	ANY PREMIUMS,	DIRECTLY,
OR INDIRECTLY,	ON A PERSONAL BENEFIT CONTRACT.		

WALLINGFORD EDUCATION FOUNDATION INC. Name of the organization **Employer identification number** C/O GAIL MCCORMACK 84-1637236 Part IV | List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV) (d) Health benefits, (e) Estimated (b) Average hours (C) Reportable contributions to employee benefit plans, and deferred compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) per week devoted to amount of other (a) Name and title position compensation compensation JANET MURPHY EX OFFICIO DIRECTOR 5.00 0. 0. 0. DOREEN CAMMARATA-GILHULY 0. 0 0 DIRECTOR 5.00 BETH DEVLIN 0. 0. DIRECTOR 5.00 0. KATHERINE JEWETT 0 . 0 0. DIRECTOR/SECRETARY 5.00 KEVIN O'ROURKE 0 0 0. 5.00 DIRECTOR DOUGLAS PAPALLO 5.00 0 0. 0. DIRECTOR ROBERT RUFFALO 5.00 0. 0. DIRECTOR 0.

#### Form **8868**

(Rev January 2013)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

	re filing for an Automatic 3-Month Extension, comple				<u> </u>	<b>▶</b> 🗓
	re filing for an Additional (Not Automatic) 3-Month Ex					
Do not co	omplete Part II unless you have already been granted a	an automa	itic 3-month extension on a previous	sly filed Fo	rm 8868	
Electroni	c filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tir	ne to file (6	months for a	corporation
required 1	o file Form 990-T), or an additional (not automatic) 3-moi	nth extens	sion of time. You can electronically f	ile Form 8	368 to request	an extension
of time to	file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for	Transfers /	Associated Wit	n Certain
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions) For more details	on the elec	tronic filing of	this form,
visit www	irs gov/efile and click on e-file for Chanties & Nonprofits	i				
Part I	Automatic 3-Month Extension of Time	. Only s	submit original (no copies ne	eded).		
A corpora	ition required to file Form 990-T and requesting an autor	natic 6-mc	onth extension - check this box and	complete		
Part I only	1					
All other o	corporations (including 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to reques	st an exten	sion of time	
	ome tax returns		· _			
Type or	Name of exempt organization or other filer, see instru	ctions.		Employe	identification i	number (EIN) or
print	WALLINGFORD EDUCATION FOUND		N INC.	] ' 1		, ,
	C/O GAIL MCCORMACK				84-163	7236
File by the	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions	Social se	curity number	
due date for filing your	PO BOX 2014	00 11101140		000,00	outing training t	.55.17
return See Instructions	City, town or post office, state, and ZIP code For a forwallINGFORD, CT 06492	oreign add	ress, see instructions.			
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 1
		, a oopa, a	,		<del></del>	
Applicati	on	Return	Application			Return
<u>ls For</u>	·····	Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	-BL	02	Form 1041-A			80
Form 472	0 (Individual)	03	Form 4720			09
Form 990	-PF	04	Form 5227			10
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	-T (trust other than above)	06	Form 8870			12
	HANK BAUM					
• The bo	ooks are in the care of <b>&gt; 44 PIERSON DRIV</b>	VE - 1	WALLINGFORD, CT 06	492		
Teleph	one No ▶ 203 458-5417		FAX No. ▶			
-	organization does not have an office or place of business	s in the Ur	nited States, check this box			ightharpoons
	s for a Group Return, enter the organization's four digit			If this is fo	r the whole aro	up, check this
box ▶ [	If it is for part of the group, check this box	1	ich a list with the names and EINs o		_	
	quest an automatic 3-month (6 months for a corporation				<u> </u>	
,	FEBRUARY 15, 2014, to file the exemp				The extension	
ic fo	or the organization's return for.	t Organiza	tion retain for the organization ham	ou abovo.	THE CALCULATION	
IS 10	<del></del>					
	calendar year or X tax year beginning JAN 1, 2013		d ending <u>JUN 30, 2013</u>			
	Lax year beginning UAN 1, 2013	, an	a enamy <u>0011 30, 2013</u>		_	
	te tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reas	on: Initial return	Final retur	n	
	is application is for Form 990-BL, 990-PF, 990-T, 4720, or	or 6069, e	nter the tentative tax, less any		<u> </u>	0.
	refundable credits. See instructions		vat malable are dita and	3a	\$	
	is application is for Form 990-PF, 990-T, 4720, or 6069,	-		۱ ـ.		0
	mated tax payments made Include any prior year overp			3b	\$	0.
	ance due. Subtract line 3b from line 3a Include your pa	•				0
	using EFTPS (Electronic Federal Tax Payment System).			<u>3c</u>	\$	0.
Caution.	If you are going to make an electronic fund withdrawal v	vith this Fo	orm 8868, see Form 8453-EO and F	orm 8879-		
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		Form <b>88</b> 6	88 (Rev 1-2013)

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